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Application Deadline: Ongoing intake starting April 1, 2023 until December 31, 2023

Applicant Information

Name of Lead Applicant (Organization) _____

Non-Profit Registration Number _____

Contact Person/Signatory _____ Position _____

Name of Chair (if applicable) _____

Mailing Address _____

Street Number

Street Address

Suite

PO Box

City/Town

County

Province

Postal Code

Phone _____ Email _____

Fax _____ Web _____

Project Partners

(if needed)

If the project involves partnership, please identify their names:

1. _____

2. _____

3. _____

4. _____

Project Description

Project Title _____

Please provide a one-line description of the project:

Project Goals

Select all that apply

- Develop and expand retail operations of heritage organizations to encourage the sale of arts and crafts 'made in Nova Scotia' and to increase earned income;
- Develop new revenue sources to increase financial sustainability;
- Improve leadership and programming skills;
- Develop new audiences to expand the heritage sector's service base in targeted areas such as: development of new exhibits (based on a formal interpretative plan, improve on-line resources, etc.; and/or
- Increase heritage/community cooperation.

Project Budget Breakdown

Total Project Costs \$ _____

Total Cash Contribution (*must be 10% of the total project cost*) \$ _____

Total In-Kind Contribution \$ _____

SDI Request \$ _____

Start Date _____ End Date _____

Project Details

Location of Activity Municipality _____ County _____

To better understand your proposed project, please answer the following eight questions.

If you submit additional documents with information:

- Number each answer to correspond to the question number;
- Please number all pages and identify them with the name of the organization.; and
- All application materials can be submitted via email (preferred) to CommunityMuseums@novascotica.ca or by hand/courier/mail to address noted below.

Please be concise and to the point in your answers.

1. **Provide a brief description of your organization including when established, mandate or purpose of the organization, and nature of regular activities. (300 words max.)**

2. Describe the project briefly but comprehensively. *(800 words max.)*

3. How does this activity help fulfill your organization's mandate? *(200 words max.)*

2. Name project personnel and collaborating organizations. *(300 words max.)*
Attach resumes of principal participants, letters of commitment as appendices.

5. Clearly define how your proposed project will achieve one or more of the goals found on Page 1 of the program guidelines. *(300 words max.)*

6. Describe outcomes including anticipated dates and milestones. *(300 words max.)*

7. Describe how the success of the project will be measured (evaluation framework) and include applicable evaluation documents. *(300 words max.)*

8. What relationships will your organization develop or strengthen within your community, or within the heritage sector, by carrying out this activity? (Name specific organizations if relevant.) *(300 words max.)*

Financial Table

All applicants are required to complete the financial table below and provide quotes for expenses.

Project Applicant _____

| Revenues | | | | |
|-----------------|------|---------|-----------|------|
| Source | Cash | In-kind | Subtotals | % |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Totals | | | | 100% |

| Expenses | | |
|-----------------|------|------|
| Item | Cost | % |
| | | |
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| | | |
| | | |
| | | |
| | | |
| | | |
| Totals | | 100% |

Signatures

Application form must be signed.

Signature _____ Position _____ Date _____

Chair, Board of Directors _____ Date _____

Send Completed Application Form to

Strategic Development Initiative
Department of Communities, Culture and Heritage

In person/Courier 3rd Floor, 1741 Brunswick Street
Halifax, NS B3J 3X8

By regular mail PO Box 456
Halifax, NS B3J 2R5

For further information

E-mail: CommunityMuseums@novascotia.ca

Web: cch.novascotia.ca